



**THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH PROFESSIONS LICENSURE
BOARD OF REGISTRATION OF NURSING HOME ADMINISTRATORS
239 CAUSEWAY STREET, SUITE 200
BOSTON, MA 02114
800-414-0168
617-973-0800
www.mass.gov/dph/boards**

INSTRUCTIONS FOR ADMINSTRATOR IN TRAINING [AIT] APPLICATION

Please read these instructions thoroughly and carefully. All AIT supporting materials must be submitted at the same time in a large envelope. Incomplete AIT applications will be returned.

General Information: Candidates applying for approval of an AIT program must submit in writing to the Board the following documents:

1. A completed application with notarized statement and a 2"x2" passport sized photo.
2. The Administrator in Training (AIT) candidate must submit a request for the proposed AIT internship, including the name of the preceptor, the facility at which the training will take place, number of beds and **any requests for credit for academic and/or professional experience.**
3. The preceptor must submit a letter to the Board requesting that they be approved as the preceptor. The preceptor must be a Massachusetts licensed administrator in good standing with at least five years of Nursing Home Administration experience.
4. A detailed outline of the proposed Internship must be submitted. [NOTE: the Preceptor Guidelines cannot be submitted as the internship outline.] Once approved, the preceptor must submit 3 and 6 months progress reports directly to the **Board of Registration of Nursing Home Administrators, Division of Health Professions Licensure, 239 Causeway Street, Boston, MA 02114.**
5. A signed agreement between the preceptor and the candidate. The agreement must state where the training is to be held, number of beds in the facility, and if it is a multi-level or skilled facility.
6. The Administrator in Training candidate must provide the Board with a current resume.
7. The Administrator in Training candidate must provide the Board with official transcript(s) in signed, sealed envelope[s].
8. The Board will notify AIT candidates in writing if the proposed program is approved and the start date of the program.
9. At the completion of the AIT program, the Preceptor must submit a final report to the Board for approval. When your AIT program has been completed and approved by the Board, you will be notified of the procedure for taking the licensure examination. You will also be notified to submit the **Administrator Affidavit Certificate of Internship Training.**
10. Retain a copy of the complete application package for your records.



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APPLICATION PACKET AND CHECKLIST

Administrator In Training Program

The application for the Administrator in Training [AIT] includes the following documents:

1. Application form
2. Preceptor Guidelines

The following **must** be included for a complete application. Please complete and enclose this checklist with your application. Incomplete applications will be **RETURNED** to you. Applications must be mailed to the above address in one envelope. Retain a copy of the complete application package for your records.

- _____ Completed Application Form including the notarized statement and a 2"x2" passport sized photo [not a copy].
- _____ Letter from the candidate to the Board requesting approval to be an AIT. This letter must include the name of the proposed preceptor, the facility where the AIT will take place and **any requests for credit for academic and/or work experience.**
- _____ Letter from Preceptor to Board requesting that he/she be approved as the preceptor. The preceptor must be a MA licensed administrator in good standing with at least five years of nursing home administrator experience.
- _____ Detailed outline of the proposed internship.
- _____ Letter of agreement between the candidate and the preceptor stating that they agree to the terms of the proposed internship.
- _____ Resume
- _____ Official transcripts [in signed, sealed envelopes].



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All Questions Must Be Completed

ADMINISTRATOR IN TRAINING PROGRAM
(AIT)
APPLICATION

1. Applicant Name: _____
(Last) (First) (Middle)
Maiden Name/Other Name (if applicable): _____
(Last) (First) (Middle)
2. Address: _____
(No.) (Street) (Apt. #)

(City/Town) (State) (Zip Code)
3. Most Recent Previous Address: _____
(No.) (Street) (Apt. #)

(City/Town) (State) (Zip Code)
4. Business Address (If Applicable): _____
(No.) (Street) (Apt. #)

(City/Town) (State) (Zip Code)
5. Telephone Number(s) Day: _____ Evening: _____
6. Date of Birth: ____/____/____ 7. Place of Birth: _____
(mm/dd/yyyy)
8. Sex: M F 9. Height: _____ 10. Weight: _____ 11. Eye Color: _____
(Circle One)
12. Mother's Maiden Name: _____

13. Social Security Number (**Mandatory**): _____
Pursuant to M.G.L. c. 62C, s. 47A, the Division of Health Professions Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax and child support laws of the Commonwealth.
14. Educational Background:
Highest Relevant Degree: _____ Year: _____
Academic Major: _____
School Name: _____
School Location: _____
15. Professional Experience:
Number of Years of Paid Professional Practice: _____
Location of formal internship (if any): _____
16. List all professional licenses/certifications you have held in the United States, or any country or foreign jurisdiction, and the state/jurisdiction from which the license/certification was originally issued. Attach additional pages as necessary. *Submit a certificate of standing from each state or jurisdiction in a signed sealed envelope. Certifications may be mailed directly to the Board.*
- | Lic. No. | Profession | Issuing Jurisdiction |
|----------|------------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
17. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐
If yes, please state the details (use a separate sheet if necessary): _____
18. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐
If yes, please state the details (use a separate sheet if necessary): _____
19. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐
If yes, please state the details (use a separate sheet if necessary): _____

20. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐
If yes, please state the details (use a separate sheet if necessary): _____

21. Have you ever been arrested, charged, arraigned, indicted, prosecuted, convicted or been the subject of any criminal investigation or any court proceeding in relation to any criminal violation? Do not report minor traffic violations for which a fine of \$100 or less was imposed. Yes: ☐ No: ☐

AFFIDAVIT

I hereby authorize all hospitals, institutions, credentialing agencies, organizations, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies and entities (local, state, federal, or foreign) to release to the Board of Registration of Nursing Home Administrators any information, files or records requested by the Board in connection with the processing of my application. I further authorize the Board of Registration of Nursing Home Administrators to release information contained in this application in association with its processing.

I understand that the Board is certified by the Massachusetts Criminal History Systems Board (CHSB) for access to conviction and pending criminal case data. As an applicant for authorization to practice as a Nursing Home Administrator, I understand that a criminal record check may be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information provided in this application pursuant to G.L. c. 112, ss. 23R through 23BB is correct to the best of my knowledge.

I agree to abide by the rules and regulations for licensing in Nursing Home Administration as defined in and promulgated pursuant to M.G.L. c. 112, ss. 108-117. I attest that the statements made herein are truthful and are made under the pains and penalties of perjury.

I further attest that, pursuant to M.G.L. c. 62C, s. 49A, to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

**Please attach recent
2"x 2" Photograph
here**

Signature of applicant

Date

Notary Name (print)

Notary Signature

My commission expires:

[Seal]

BOARD OF REGISTRATION OF NURSING HOME ADMINISTRATORS
Commonwealth of Massachusetts

PRECEPTOR GUIDELINES
Administrator in Training

I. GENERAL ADMINISTRATION SERVICES

Corporate Structure
Methods of Supervision
Pre-Admission and Admission of Patient
Business Correspondence
Employer-Employee Relations
State & Federal Regulation
Relationships with Dept. Of Public Welfare
Financial Records

V. SOCIAL SERVICES & CONSULTANT

Admission Procedures
Transfer Procedures
Discharge Procedures
Family Counseling
The Social Worker
The Physical Therapist
The Occupational Therapist
The Dietitian
The Pharmacist

II. NURSING

Knowledge of Nursing Functions
The Director of Nurses, RN's, LPN's & Aids
Physician Responsibilities
Tour of Stations
Medical Records
Drug Routines & Requirements

VI. PERSONNEL MANAGEMENT

Philosophy & Goals of Department
Personnel Policies, Procedures,
& Requirements
Counseling & Coordination
Problem Solving/Union Relations
Wages & Benefits

III. DIETARY

The Dietary Staff
Food Preparation & Services
Record Keeping
In-Service Education
Staff Meetings

VII. BUSINESS OFFICE

Methods of Bookkeeping
Billing Procedures
Payroll
Purchasing Procedures
Insurance Consideration
Medicare/Medicaid, Commercial, VA,
private sources of reimbursement and
regulations regarding each source

IV. HOUSEKEEPING, MAINTENANCE & LAUNDRY

Philosophy and Goals of Department
Administering Duties
Record Keeping
Inspections
Scheduling of Personnel
Cleaning and Maintenance Techniques